

Name  
in  
Full

James Andrus

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Town  
Died at Almshouse, near Cherry Hill, Cecil Co.

MARYLAND

Date Month Day Years Months Days  
of death 1908 April 25 Age 69? .

Sex male Color or Birth-place  
Race white Unknown

Occupation Innate of Almshouse Where Residing if not  
at place of death

Married, Single Name of Wife or  
or Widowed single Husband

Father's Name Unknown

Father's Birthplace Unknown

Mother's Maiden Name Unknown

Mother's Birthplace Unknown

Name of person giving Information County Records

How related to deceased

179

CAUSES OF DEATH

Primary Natural causes How long

Immediate Cardiac Asthma How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

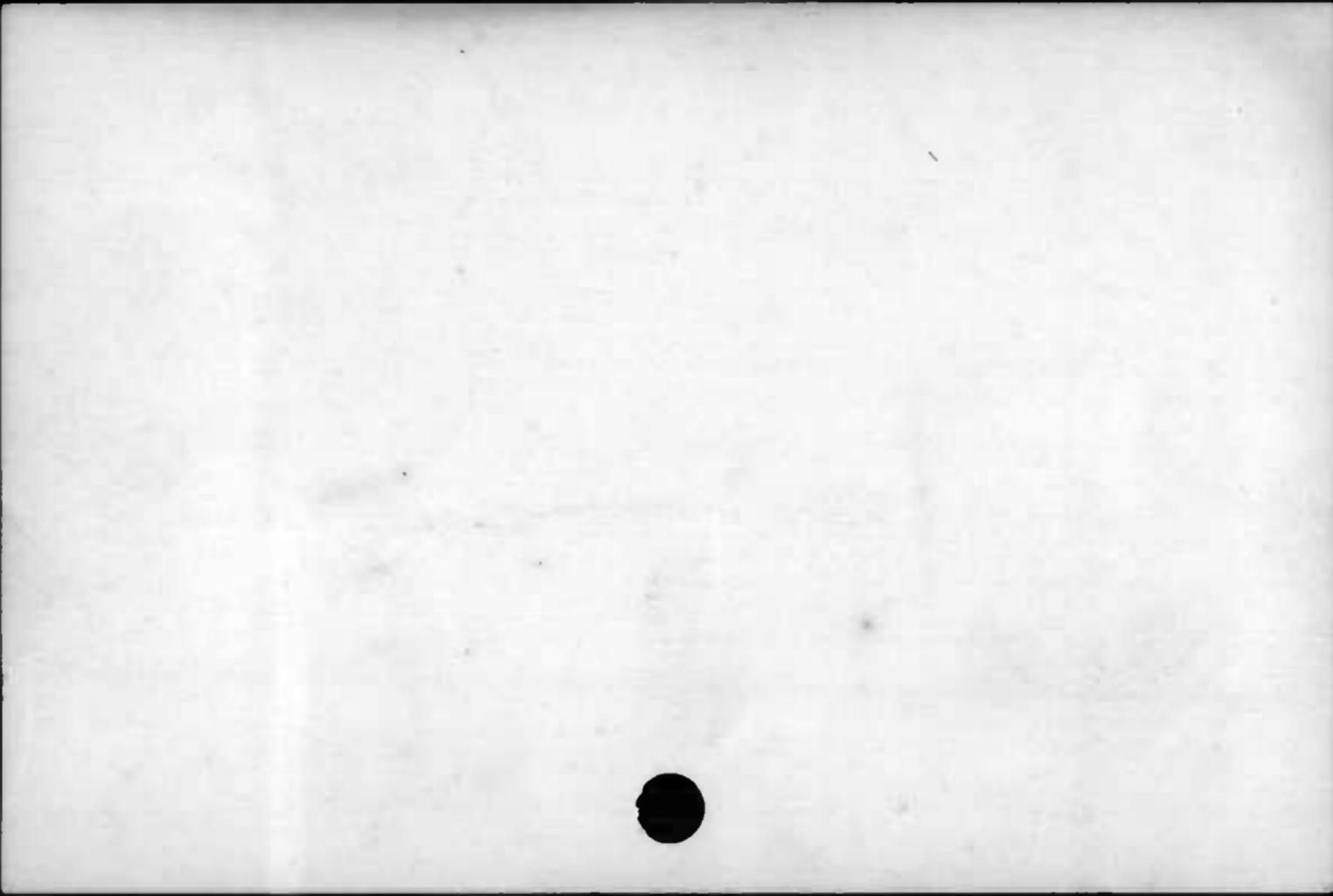
Ricketts Jackson

Coroner of Cecil Co.

Ecklon, Maryland

Accident or Suicide?

Accident



Name  
in  
Full

Roman Barrett

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

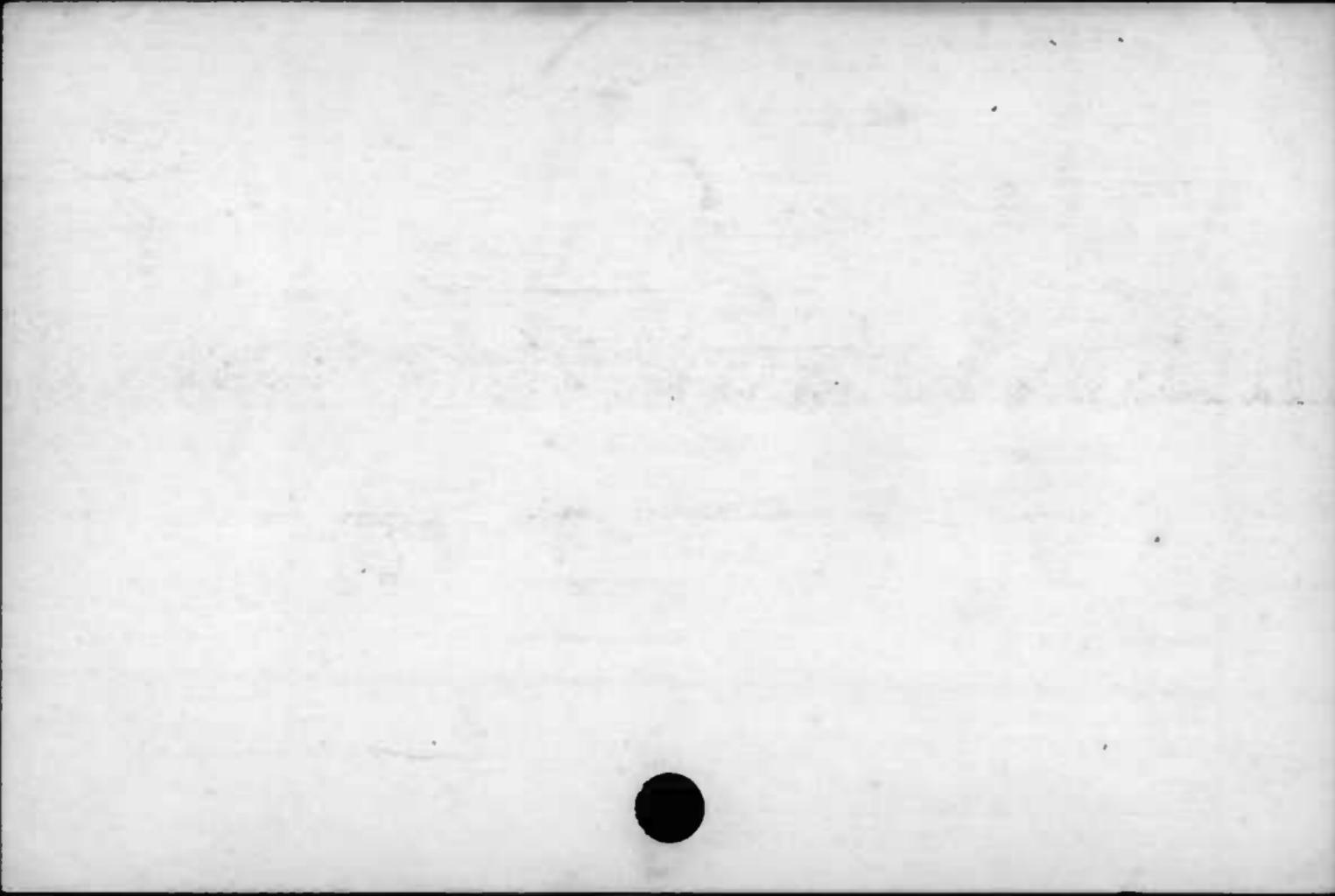
Died at	Perryville	Town	Local	County	MARYLAND						
Date of death	1908	Month	4-	Day	17	Years	Age	9	Months	—	Days
Sex	Male	Color or Race	white	Birth-place	New Jersey						
Occupation	School boy	Where Residing if not at place of death			Perryville, Md						
Married, Single or Widowed	—	Name of Wife or Husband	—								
Father's Name	Roman Barrett	Father's Birthplace	Md -								
Mother's Maiden Name	Emma Scott	Mother's Birthplace	Md -								
Name of person giving Information	Mrs. Roman Barrett	How related to deceased	Mother -								

CAUSES OF DEATH

70

PHYSICIAN  
OR CORONER

Primary	Convulsions	How long	28 hours
Immediate	Pulmonary Oedema	How long	Several hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H. G. Jack.
Yes		Address	L. G. Taylor.
Accident or Suicide?		—	

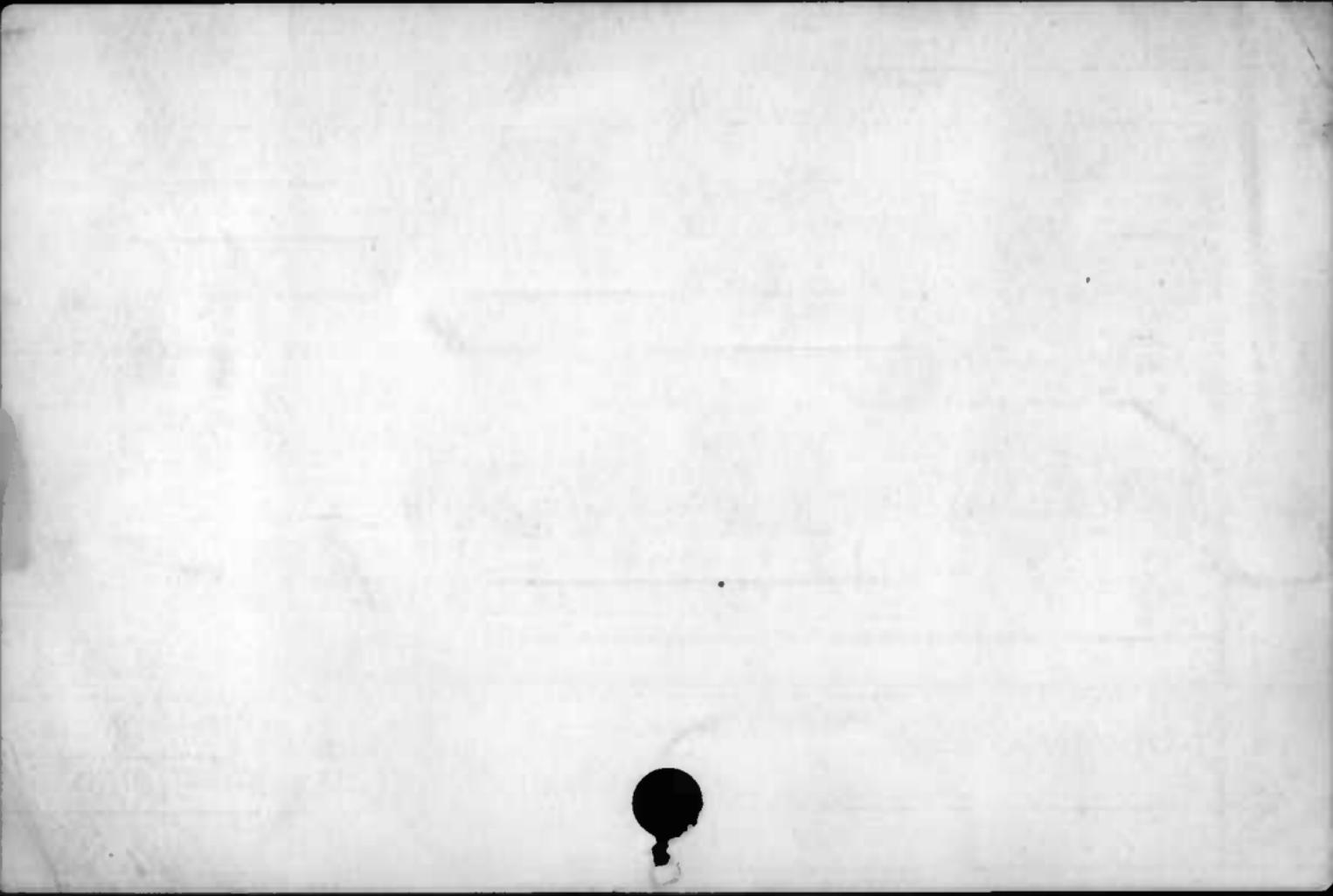


Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Bender				CERTIFICATE OF DEATH		
Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
1908	Apr.	10	Age			
Sex	Male	Color or Race	White	Birth-place	Orthodox, Md	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	W. N. Bender		Father's Birthplace	Orthodox		
Mother's Maiden Name	Minnie Lerner		Mother's Birthplace	Wolfson, Md		
Name of person giving information	W. N. Bender		How related to deceased	Father		
CAUSES OF DEATH						
Primary	Pneumonia, cold					
Immediate	Lungs					
Are the name, age, sex, color, date and place correctly given above?	Yes					
Accident or Suicide?						
Signature of Physician		S. G. Fisher, M.D.				
Address		Orthodox, Md.				



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

John T Bennett

CERTIFICATE OF DEATH

Died at	Town	Elkton	County	Baltimore	MARYLAND				
Date of death	Month	4	Day	28	Years	68	Months	-	Days
Sex	Male	Color or Race	White	Birth-place	Md.				
Occupation	Merchant				Where Residing if not at place of death				
Married, Single or Widowed	Husband	Name of Wife or Husband	Mary Bennett	Father's Name	John Bennett	Father's Birthplace	Md.		
Mother's Maiden Name	Scott	Wife	Mary Bennett	Mother's Birthplace	Martha Scott	Mother's Birthplace	Md.		
Name of person giving information	Tom Bennett	How related to deceased	Son						

CAUSES OF DEATH

64

How long

2 weeks

How long

PHYSICIAN  
OR CORONER

Primary

Aphoplexy

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

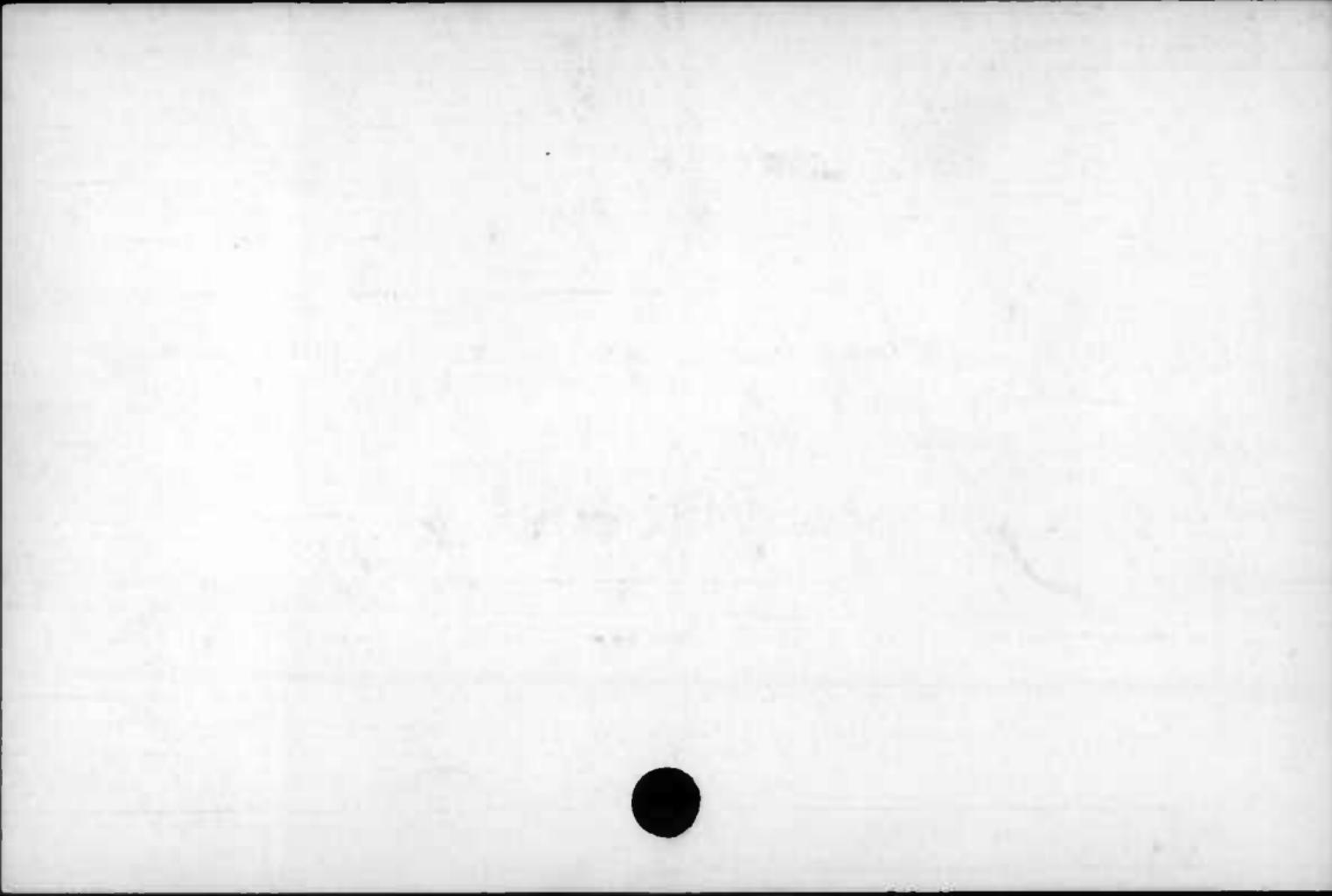
Dr. Cawley

Address

Elkton

Md.

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Chester, David Brown				CERTIFICATE OF DEATH		
Died at	Town	County	MARYLAND			
Date of death 190	Month April	Day 27	Years 12	Months March	Days 25	
Sex Male	Color or Race colored	Birth-place North East				
Occupation None	Where Residing if not at place of death Home					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name Wm Henry Brown			Father's Birthplace Prince G. L.			
Mother's Maiden Name Ayrie Eliza Brown			Mother's Birthplace North East			
Name of person giving information G. E. Anderson			How related to deceased Uncle			

CAUSES OF DEATH

27

How long

3 months

Primary

Tuberculosis

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

B. Sauerbeck  
North East



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Joshua Brown					CERTIFICATE OF DEATH	
Died at	Town Cecilton	County Cecil	MARYLAND			
Date of death	Month 1908 4	Day 11	Age 70	Years	Months	Days
Sex	Male	Color or Race	Negro	Birth- place	Bd.	
Occupation	Laborer					Where Residing if not at place of death
Married, Single or Widowed	Widower	Name of Wife or Husband	Emily Brown	Father's Name	Not Known	
Father's Name	John Brown					Father's Birthplace
Mother's Maiden Name	Avis Ferrell					Mother's Birthplace
Name of person giving Information	Milton Brooks					How related to deceased
CAUSES OF DEATH						64
Primary	Cerebral Hemorrhage					How long
Immediate	u u					6 Hours

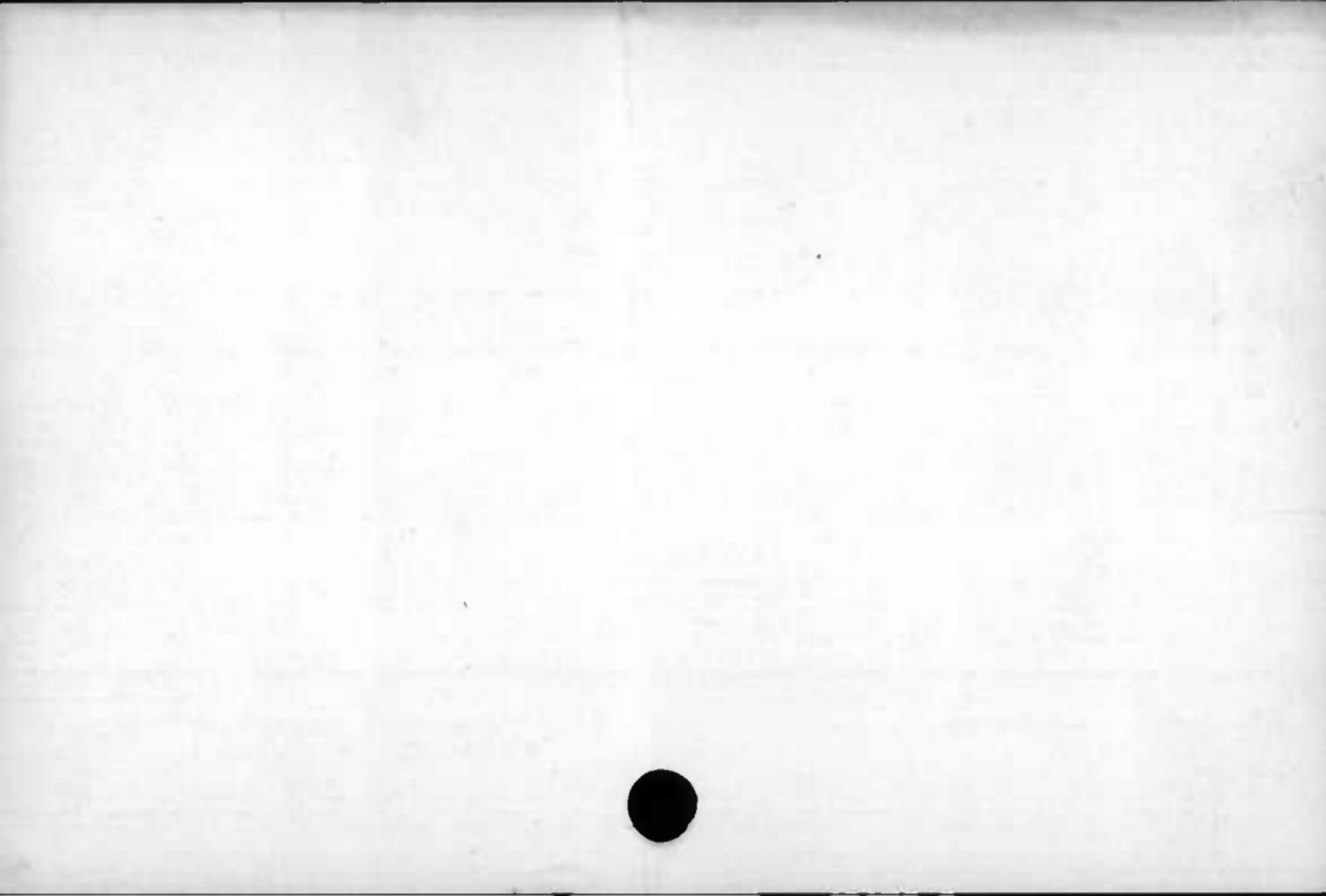
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

E.N. Branford  
Aldon  
Md

Accident or Suicide?



Name  
in  
Full

Mary L Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Sykesville	Baltimore			
Date of death	Month	Day	Years	Months	Days
1908	Apr	24	77		
Sex	Color or Race	Birth-place			
Female	white	Baltimore Co.			
Occupation	Where Residing if not at place of death				
Wife	Sykesville				
Married, Single or Widowed	Name of Wife or Husband	I James Brown			
Wife	Cameron				
Father's Name	Father's Birthplace				
Wm	Carl				
Mother's Maiden Name	Mother's Birthplace				
Mary R Cameron	a				
Name of person giving information	How related to deceased				
N C Brown	Son				

CAUSES OF DEATH

45

PHYSICIAN  
OR CORONER

Primary

Cancer of neck Sub-mammary

How long

Immediate

Exh

How long

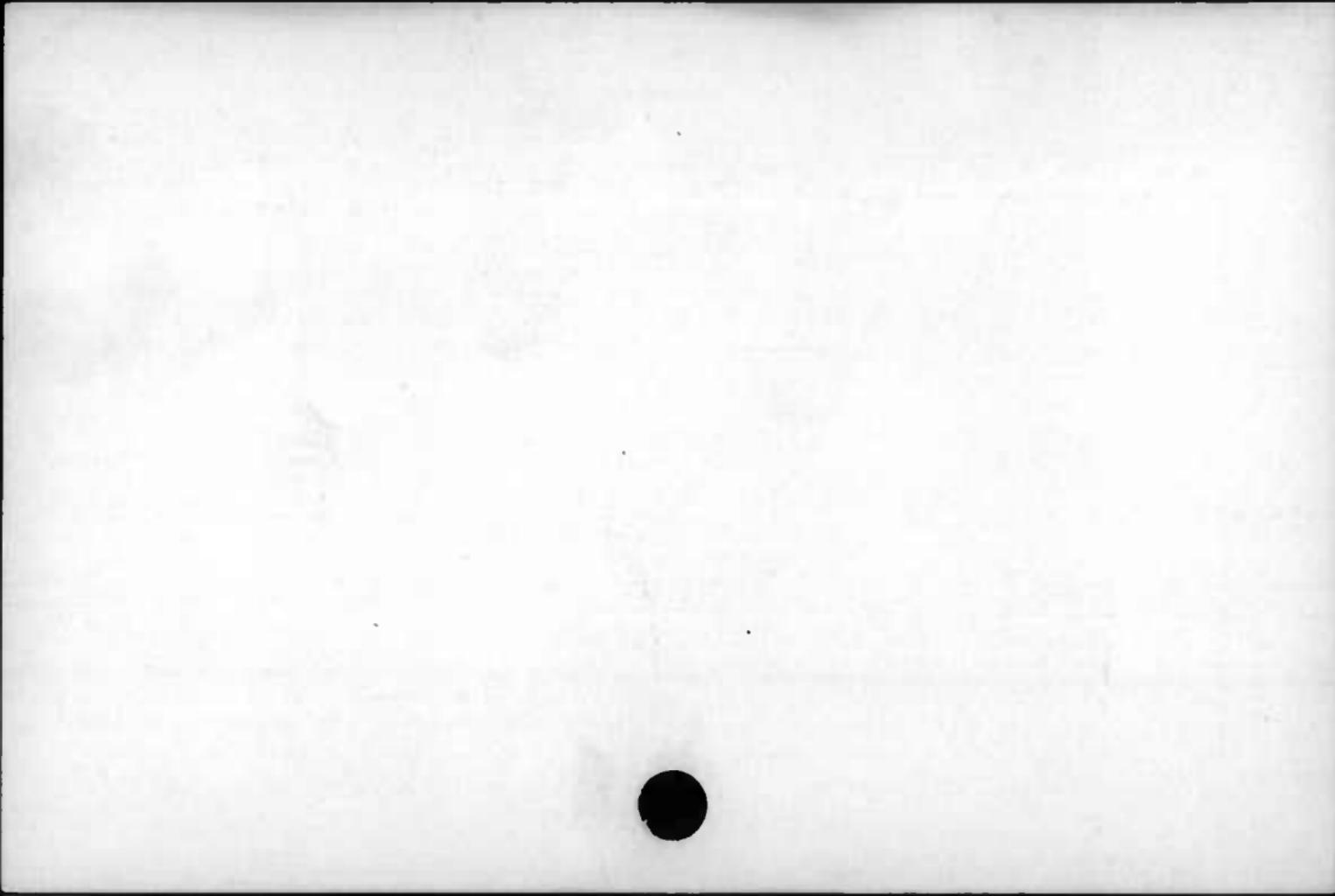
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J B Slesay

Accident or Suicide?



Name  
in  
Full

Wm W Charska

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months
1908	4	5-7	—
Day	Age	Days	
Sex	Color or Race	Birth-place	
Male	White	Harford Co	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Elizabeth Charska	
Married	James H Charska	Father's Birthplace	Harford Co
Father's Name			
Mother's Maiden Name	Mary A Bowen	Mother's Birthplace	" "
Name of person giving Information	Florence Brood	How related	Daughter
CAUSES OF DEATH			
Primary	120		
Secondary	Hepatitis		
Immediate	Uraemia		
How long			
and until			
How long			
5 days			

Are the name, age, sex, color, date and place correctly given above?

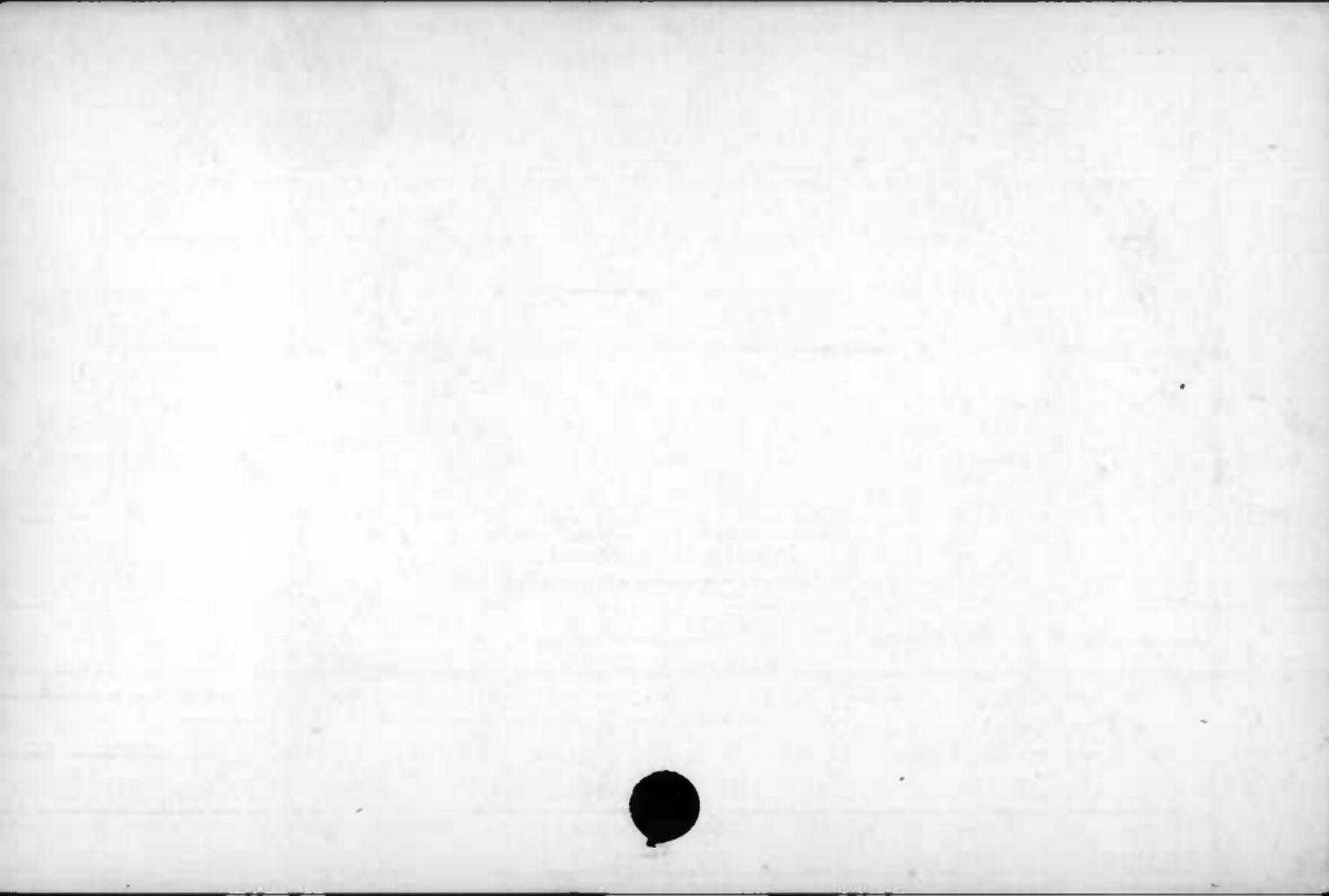
Yrs

Signature of Physician

Address

W G Jack M.D.  
Liberty-Gov. Md.

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Holman Cloy

CERTIFICATE OF DEATH

Died at New Elton 40

County  
Terror

MARYLAND

Date of death 1908 Month 4 Day 26 Age 58 Years Months Days

Sex Male Color or Race White

Birth-place Died

Occupation Fisherman Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband

Rose Cloy

Father's Name Jacob Cloy

Father's Birthplace England

Mother's Maiden Name Ann Reynolds

Mother's Birthplace England

Name of person giving information From Person of Knowledge

How related to deceased

CAUSES OF DEATH

79

Primary

Valvular Heart Disease

How long

Don't know

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

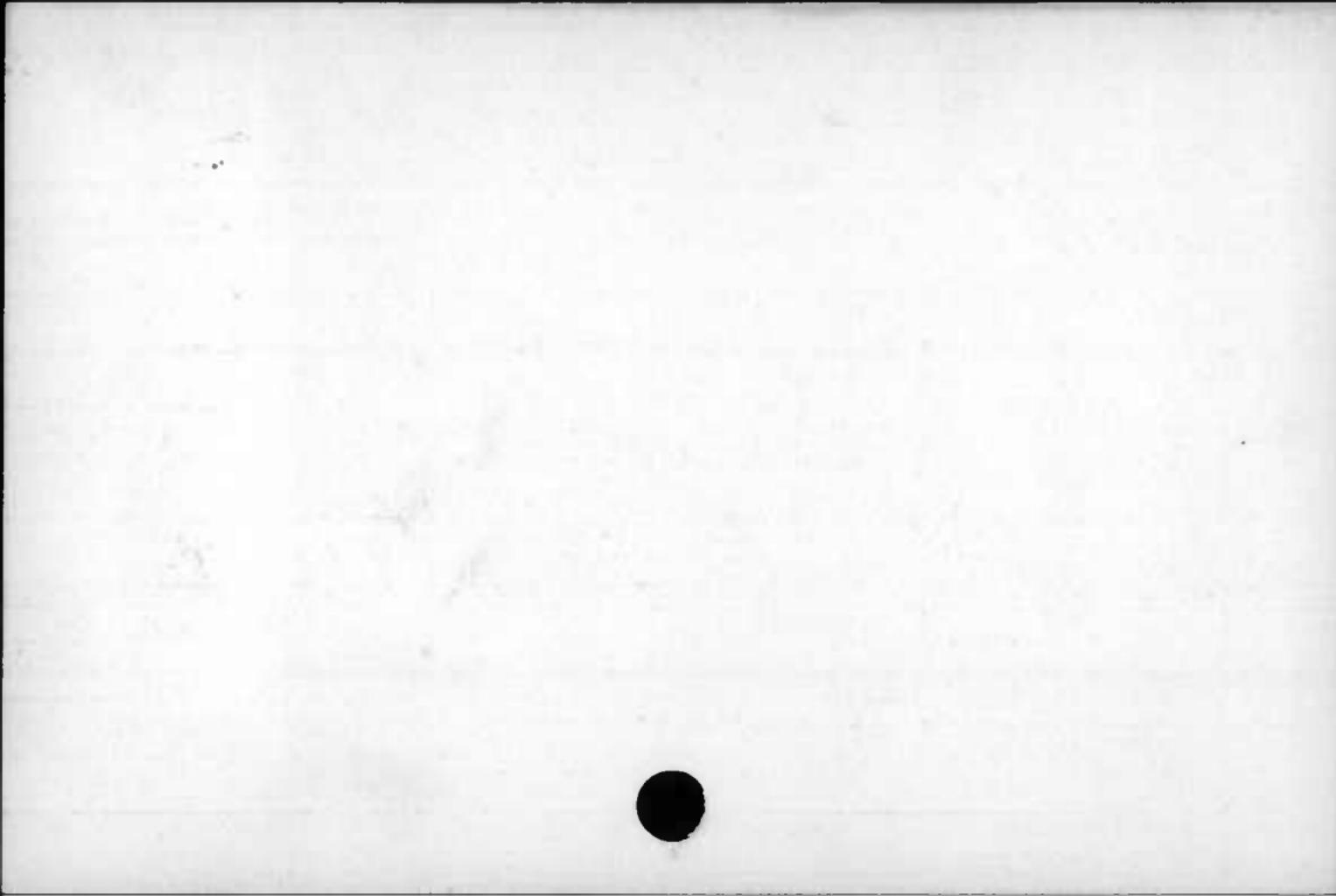
Signature of Physician

Address

John Cawley

Elkton

Accident or Suicide?



Name  
in  
Full

Edward T Darcus

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Where Residing if not at place of death			
Occupation					
Married, Single or Widowed	Name of Wife or Husband				
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information				How related to deceased	

1908 4 6 97 " -

male white Woodburyton  
Occupation merchant - ton

married Susan A Darcus

Jacob Darcus

Ellen Thomas

Susan A Darcus

Woodburyton  
ton

ton

Wife

CAUSES OF DEATH

Primary Heart Failure

179

How long

Astonish

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

S. G. Feifer  
Post Deposit

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Catharine Matilda Hasson

CERTIFICATE OF DEATH

Died <input checked="" type="checkbox"/>	Town Near Calvert-	County Baltimore	MARYLAND		
Date of death 1908	Month Apr.	Day 11	Years Age 57	Months 1	Days 23
Sex Female	Color or Race White	Birth- place Chester Co., Pa.			
Occupation House wife	Where Residing if not at place of death Near Calvert-				
Married, Single or Widowed Married	Name of Wife or Husband Milton R. Hasson	Father's Name Thompson Leonard	Father's Birthplace Don't know		
Mother's Maiden Name Rebecca McCormick	Mother's Birthplace Delaware	Name of person giving Information Charles. Hesperson	How related to deceased Son		

CAUSES OF DEATH

(40)

PHYSICIAN  
OR CORONER

Primary

Rheumatism

How long

ten years.

Immediate

Cancer of Stomach

How long

About 3 years.

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

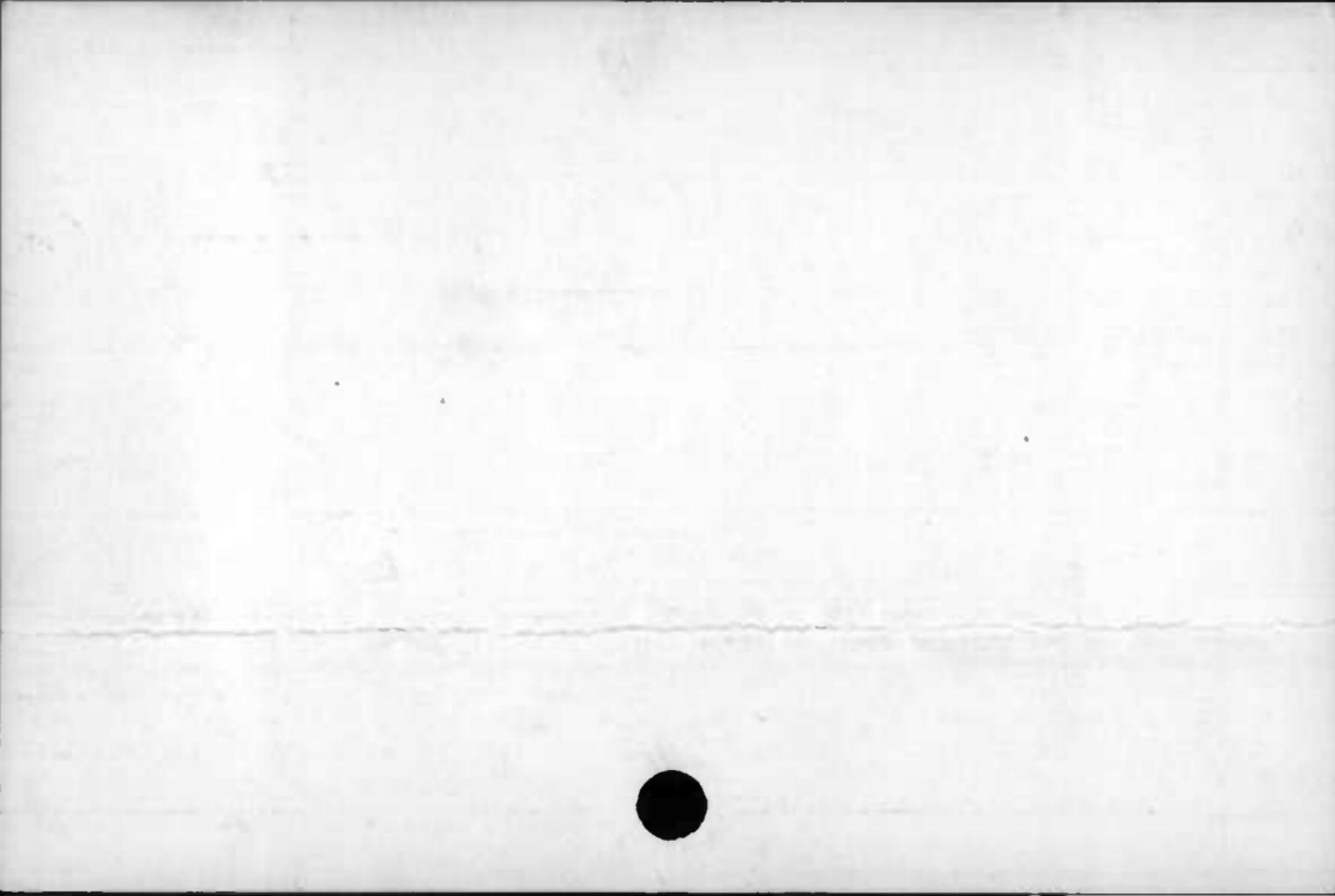
Signature of  
Physician

Cha. F. Miller

Address

South East, Md.

Accident or Suicide?



Name  
in  
Full

Thomas Russell Hopewell

7 Oct  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Martin Hopewell	Father's Birthplace	Virginia		
Mother's Maiden Name	Mary Bulcher	Mother's Birthplace	Pennsylvania		
Name of person giving information	Martin Hopewell	How related to deceased	Father		

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Acute Pneumonitis

27

How long

months.

Immediate

Heart Failure.

Are the name, age, sex, color, date and place correctly given above?

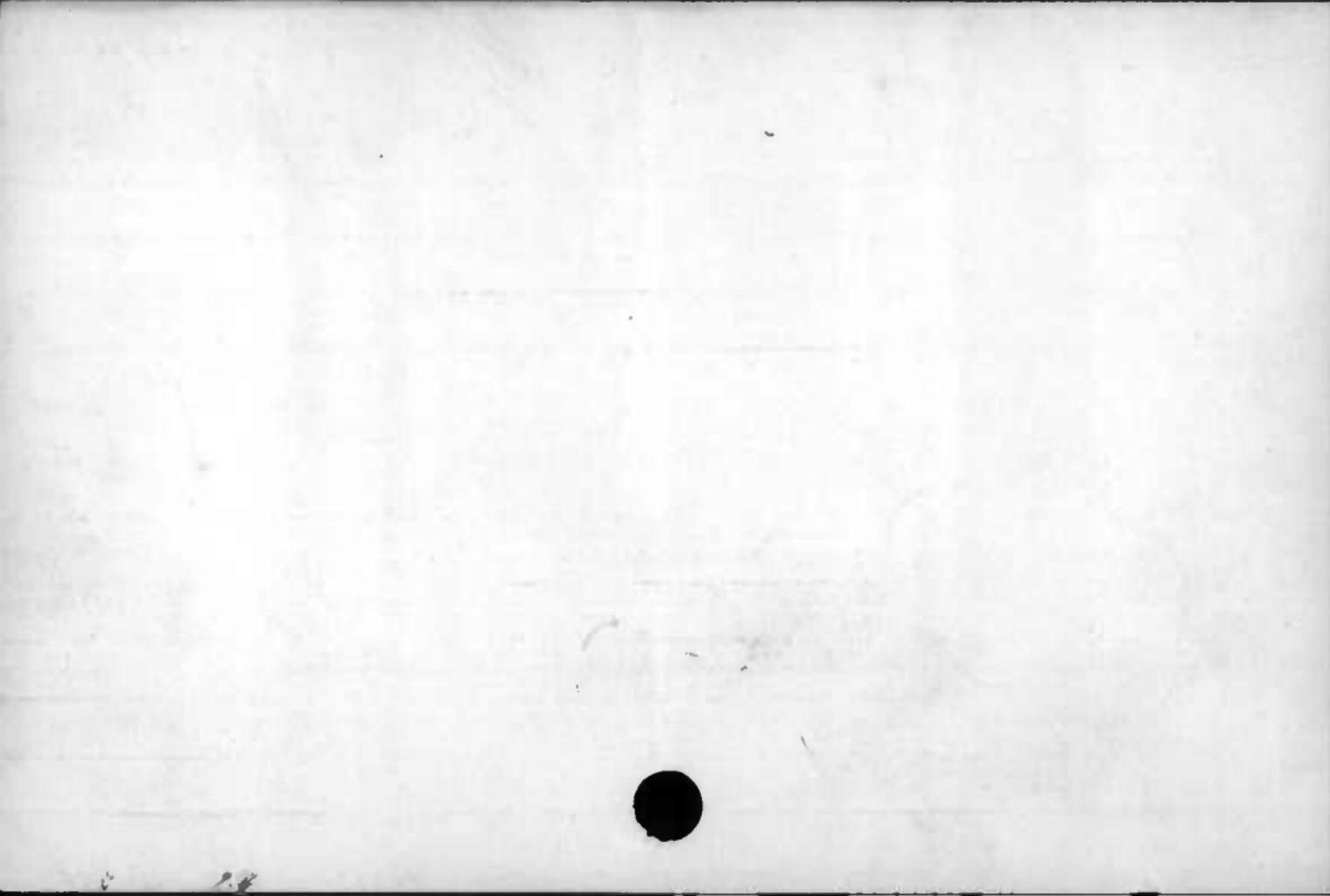
Yrs

Signature of Physician

Address

Accident or Suicide?

W. F. Jack, M.D.  
R. C. Coffey, Good, M.D.



Name  
in  
Full

Blanche Virginia

Elizabeth Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Port Deposit</u> Town		County <u>Cecil</u>		MARYLAND		
Date of death <u>1908 April</u>	Month <u>7</u>	Day <u>7</u>	Years <u>4</u>	Age <u>4</u>	Months <u>2</u>	Days <u>29</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Port Deposit</u>				
Occupation <u>~</u>	Where Residing If not at place of death					
Married, Single or Widowed <u>~</u>	Name of Wife or Husband <u>~</u>					
Father's Name <u>Samuel Jones</u>	Father's Birthplace <u>Summersett Co.</u>					
Mother's Maiden Name <u>Clara L. Allen</u>	Mother's Birthplace <u>Port Deposit Md</u>					
Name of person giving information <u>Nancy Virginia Allen</u>	How related to deceased <u>Grand Mother</u>					

CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary

Pneumonia

How long

6 days

Immediate

Rheumatism

How long

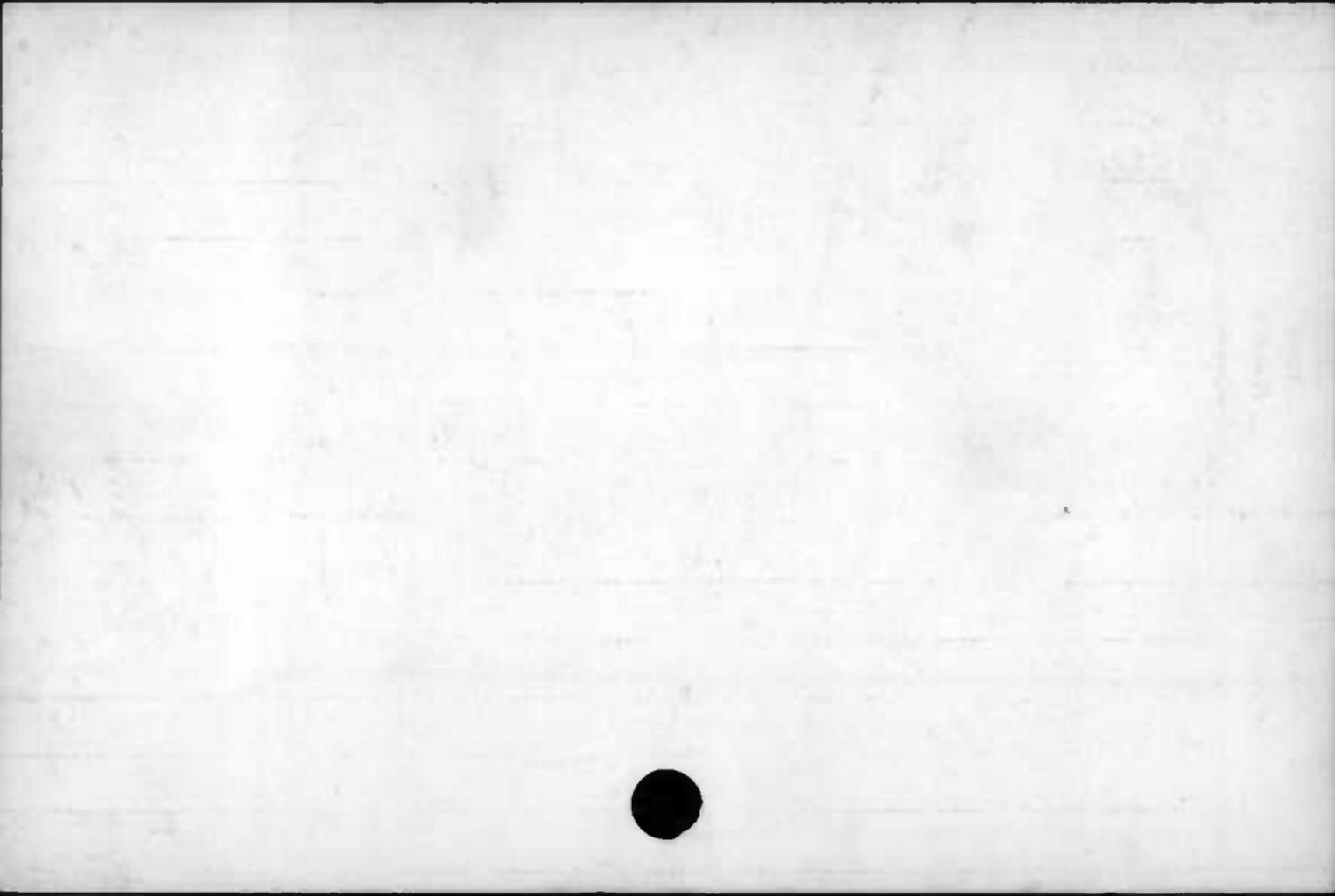
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H. D. Clemmons  
Port Deposit

Accident or Suicide?



Name  
in  
Full

Thomas Price Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Cecilton	Cecil	
Date of death	Month	Day	Years Months Days
1908	4	29	86 8
Sex	Male	Color or Race	white
Occupation	Postmaster	Where Residing if not at place of death	Maryland.
Married, Single or Widowed	Married	Name of Wife or Husband	Virginia Mae
Father's Name	Benedict Jones	Father's Birthplace	Art.
Mother's Maiden Name	Healer A Price	Mother's Birthplace	Art.
Name of person giving information	G. G. Morgan	How related to deceased	Sons son

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary  
Paralyses

(66)

How long

20 days

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

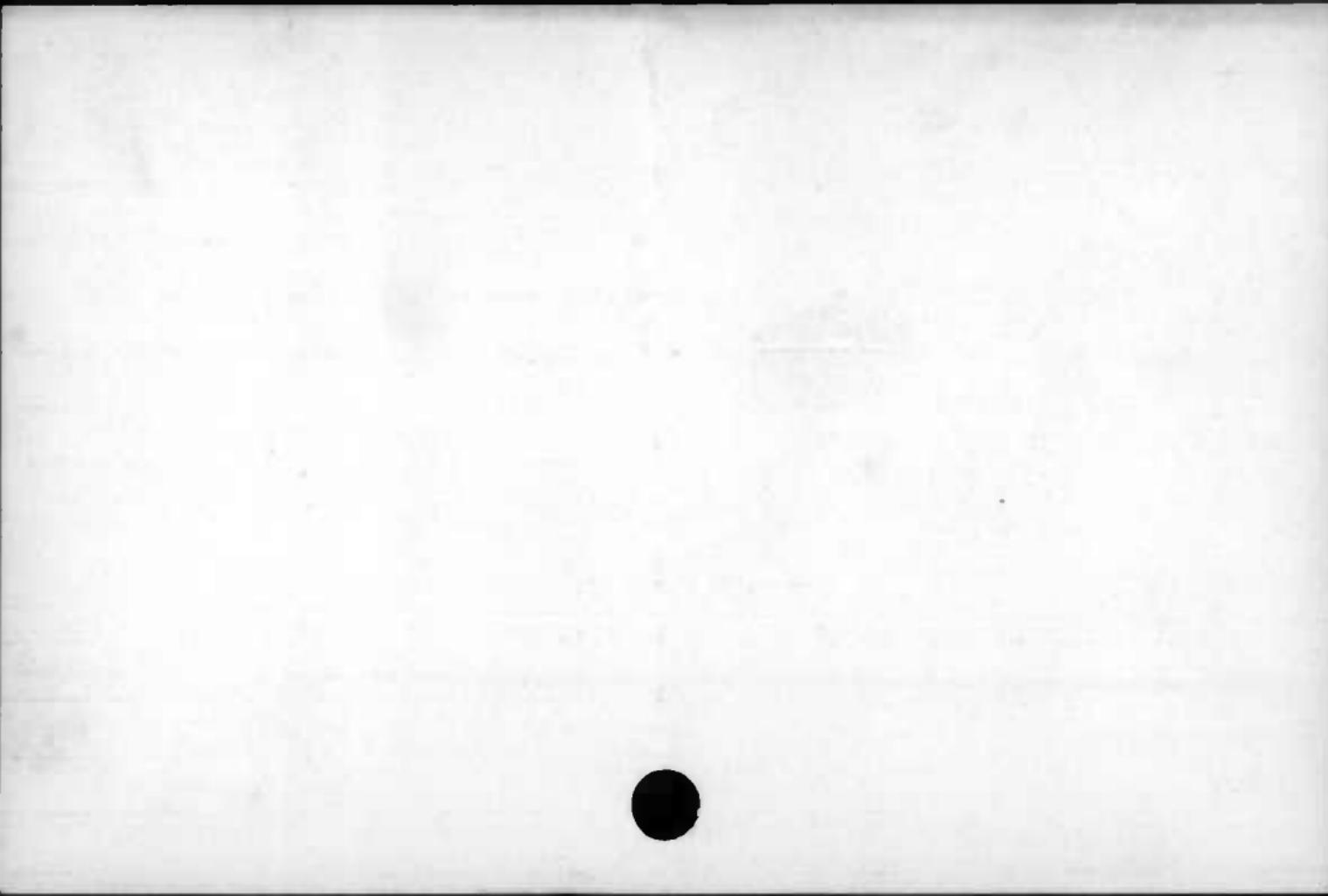
Yes

Signature of Physician

Address

R. M. Black  
Cecilton  
Md

Accident or Suicide?



Name  
in  
Full

William Paul Kingston

8d Sess.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND
Conowingo	Luzie		
Date of death	Month	Day	Years Months Days
1908	apr.	29	was born dead
Sex	Color or Race	Where Residing if not at place of death	Birth-place
Male	white male	Conowingo Md	
Occupation			
none		Conowingo	
Married, Single or Widowed	Name of Wife or Husband	Born Dead -	
single	Emery Paul Kingston	Father's Birthplace	Spokane Washington
Father's Name		Mother's Birthplace	Port Deposit Md
Mother's Maiden Name	Addie Pusey		
Name of person giving Information	Emory P Kingston (Father)	How related to deceased	Father

CAUSES OF DEATH

(5)

Primary → The above patient was born dead caused by  
Fracture on umbilical cord - during labor

Are the name, age, sex, color, date and place correctly given above?

yes

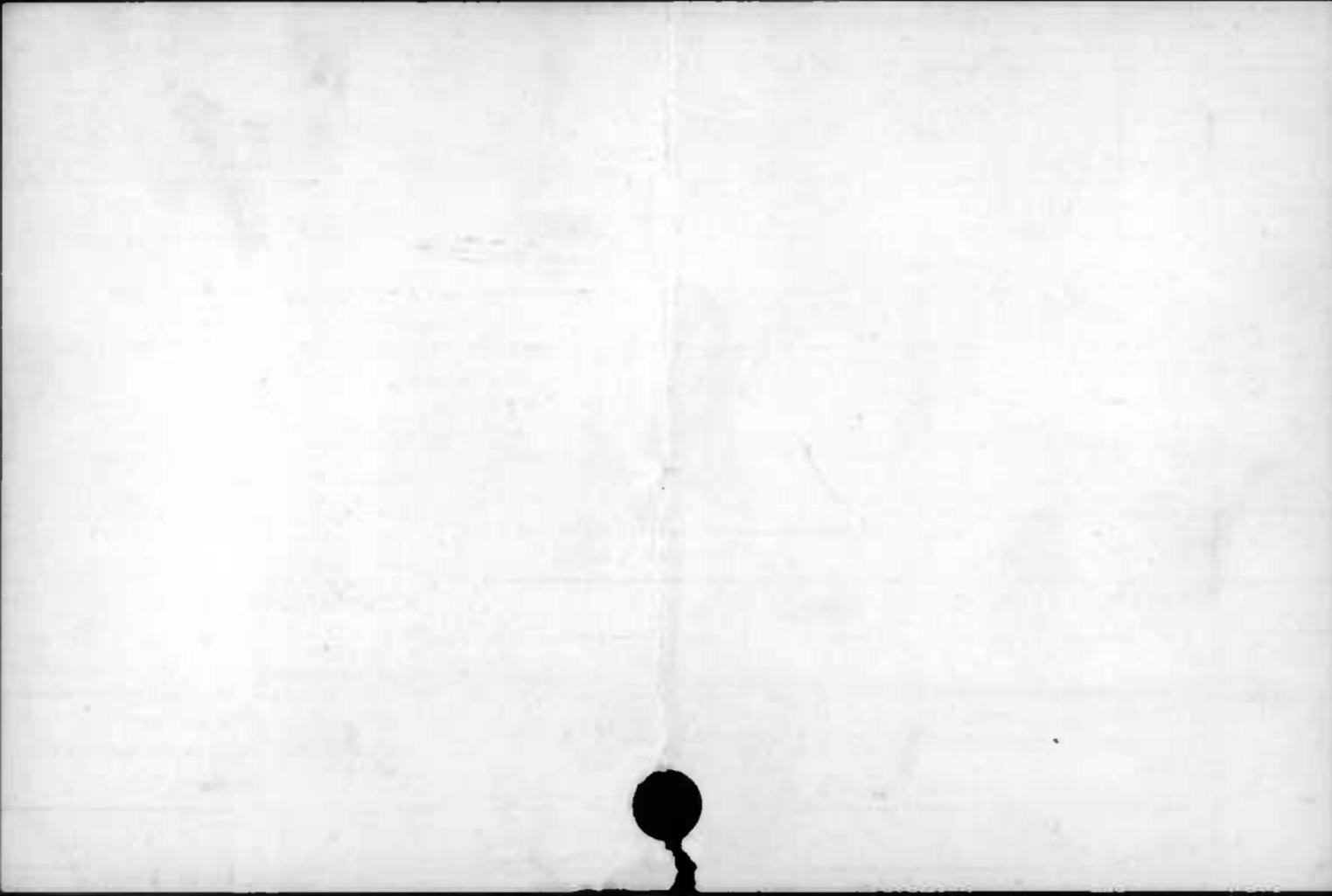
Signature of Physician

Ernest Rowland

Address

Liberty Grover Md

Accident or Suicide?



Name  
in  
Full

Amos B Lewis

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Near Elkton</u>		Town <u>Carroll</u> County <u>Maryland</u>			
Date of death <u>1908</u>	Month <u>April</u>	Day <u>26</u>	Years <u>59</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>			Birthplace <u>Ind</u>	
Occupation <u>Farmer</u>			Where Residing If not at place of death		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Jennie Lewis</u>			Father's Birthplace <u>Ind</u>	
Father's Name <u>John Lewis</u>					Mother's Birthplace <u>Ind</u>
Mother's Maiden Name <u>Sarah Wilson</u>					How related to deceased <u>None</u>
Name of person giving information <u>W. A. Miller</u>					

CAUSES OF DEATH

120

Primary <u>Chronic interstitial nephritis</u>	How long <u>1 year</u>
Immediate <u>Angina pectoris</u>	How long <u>5 minutes</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Winfield D. Morrison</u> Address <u>Elkton, Md.</u>
Accident or Suicide? <u>Q</u>	



Name  
in  
Full

Gertrude A. Martindale

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date  
of death

1908 Apr.

Month

Day

Years

Age

56

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Gow Md.

Occupation

House Wife

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wives  
Husband

Amos Martindale

Father's  
Birthplace

New Jersey

Father's  
Name

Isaac F. Van Arsdale

Mother's  
Birthplace

New Jersey

Mother's  
Maiden Name

Mary Smock

How related  
to deceased

Husband

Name of person giving  
Information

Amos Martindale

CAUSES OF DEATH

120

How long

Primary

Pright's Disease of Heart and Liver 5 yrs

How long

Immediate

Premie Paroxysm 100 days

PHYSICIAN  
OR CORONER

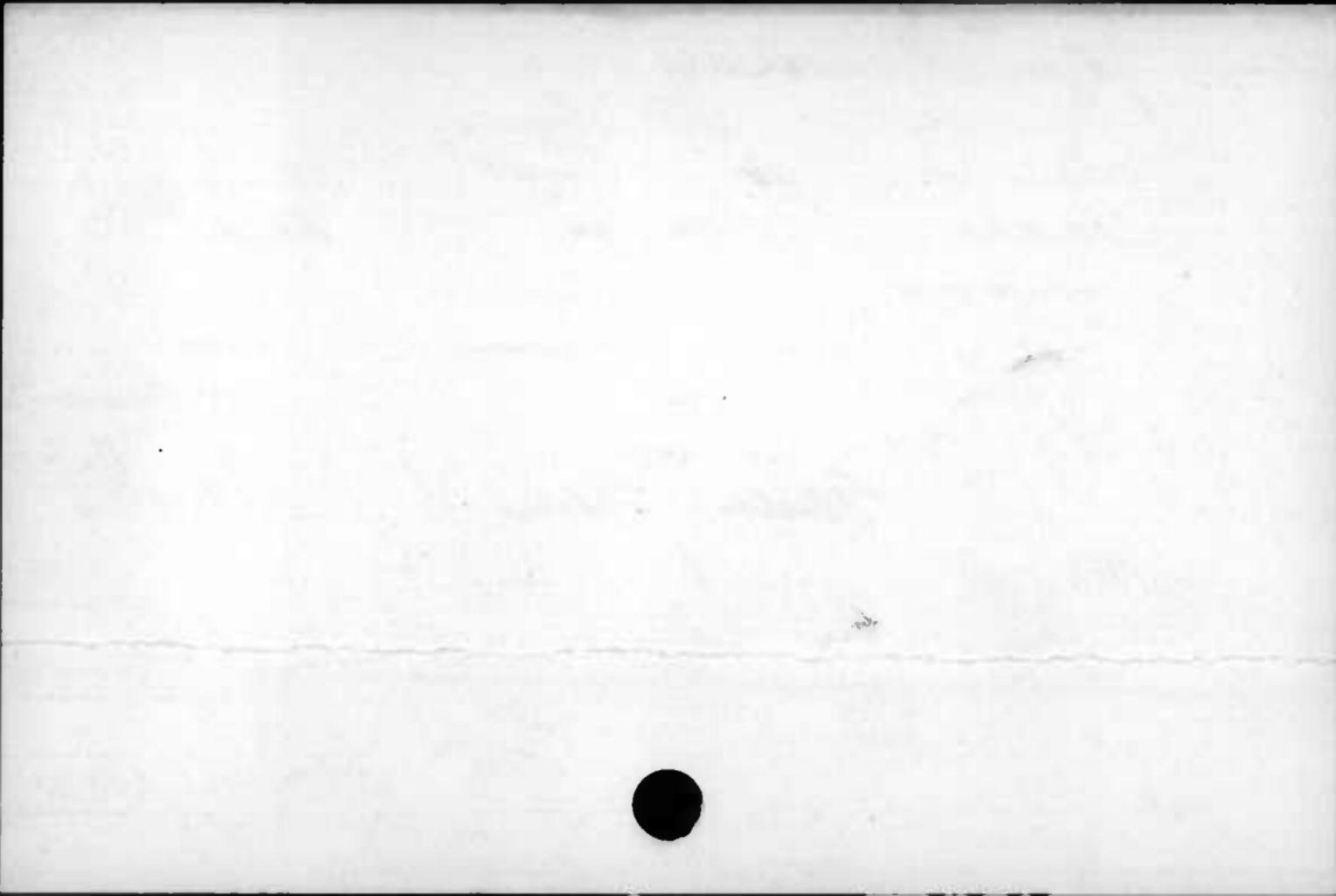
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Accident or Suicide?

Yes



Name  
in  
Full

John Morris

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cecilton</i>	Town	County <i>Cecil</i>		MARYLAND		
Date of death <i>1908</i>	Month <i>4</i>	Day <i>11</i>	Age <i>40</i>	Years <i>40</i>	Months <i>0</i>	Days <i>0</i>
Sex <i>Male</i>	Color or Race <i>Negro</i>	Birth- place <i>Md</i>				
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Farm</i> <i>Morris</i>					
Married, <del>S</del> ept or Widowed	Name of Wife or Husband <i>Jacob Morris</i>	Father's Name <i>Jacob Morris</i>	Father's Birthplace <i>Not Known</i>			
Mother's Maiden Name <i>Not Known</i>	Mother's Birthplace <i>" "</i>					
Name of person giving Information <i>Hanson Morris</i>	How related to deceased <i>Neph</i>					

CAUSES OF DEATH

82

PHYSICIAN  
OR CORONER

Primary  
*Central Embolism*

How long  
*48 Hours*

Immediate  
*u u*

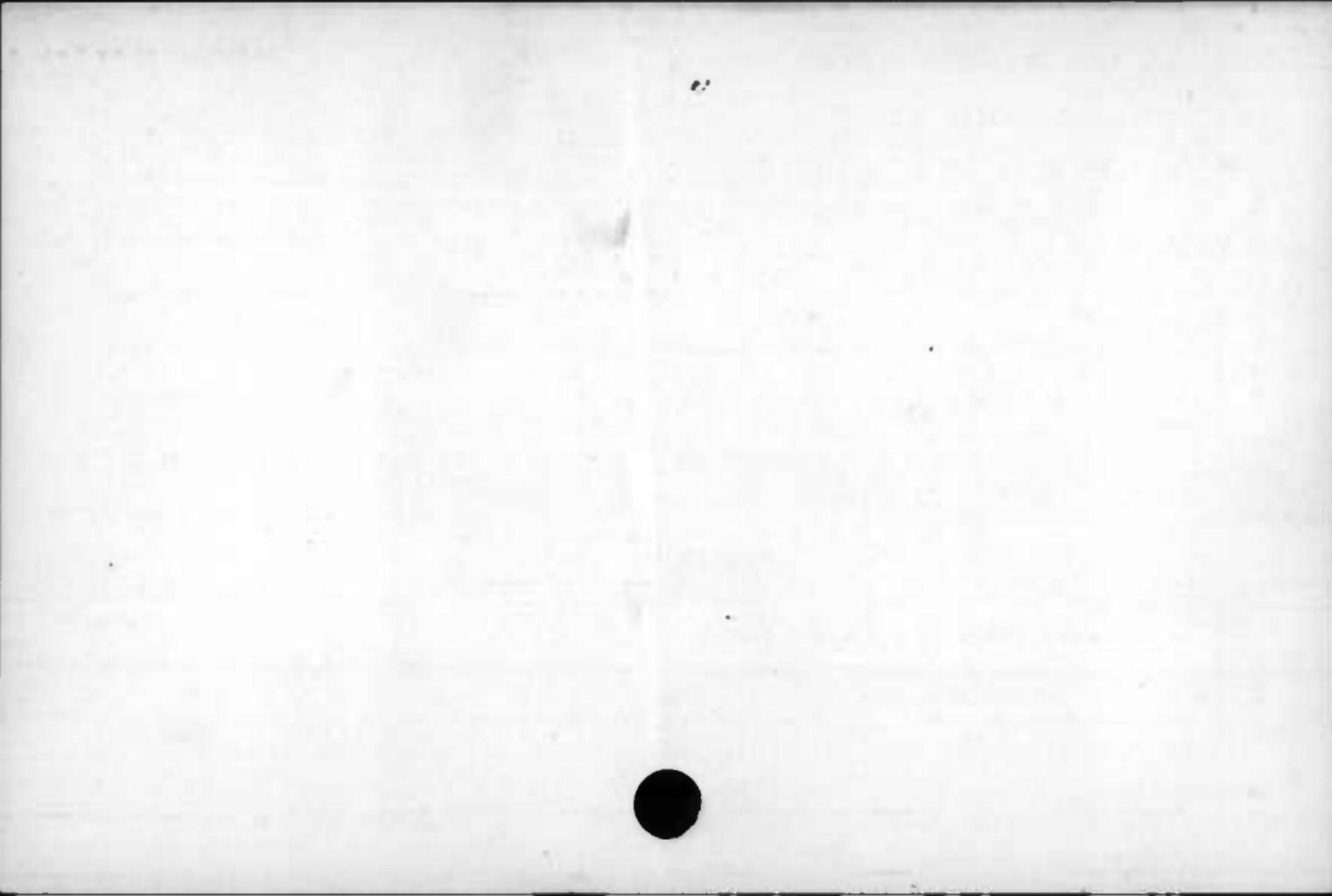
How long  
*u u*

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician  
*E. H. Braufman*

Address  
*Cecilton Md*

Accident or Suicide?  
*Q*



Name  
in  
Full

Joseph H. Peters

date of death

CERTIFICATE OF DEATH

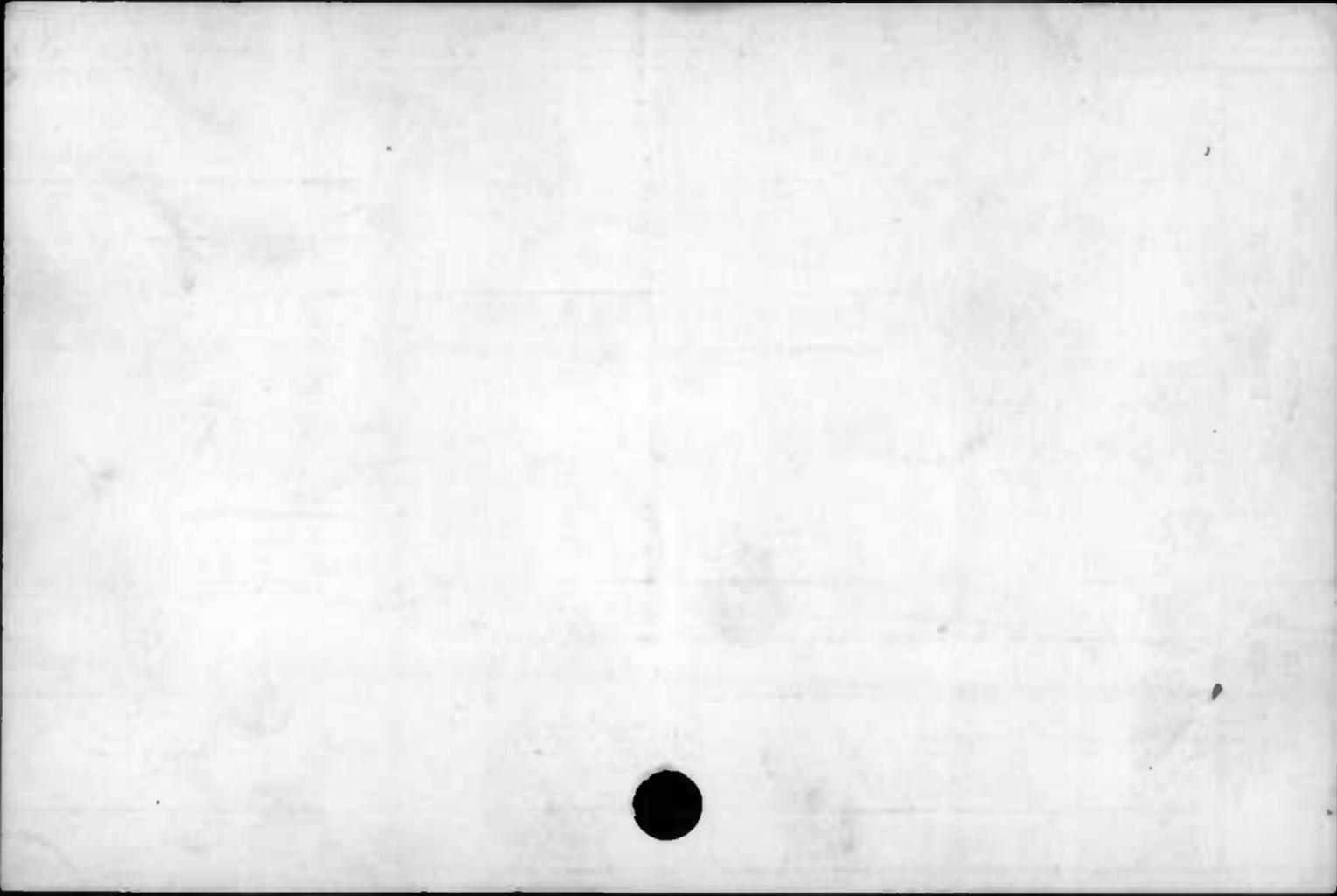
TO BE ANSWERED BY  
NEAREST FRIEND

Died at Conowingo		Town		County		MARYLAND						
Date of death	1908	Month	4	Day	5	Years	23	Months	10	Days	25	
Sex	Male	Color or Race	Black	Birth-place	Rowlandville							
Occupation	Diver	Where Residing if not at place of death										
Married, Single or Widowed	single	Name of Wife or Husband										
Father's Name	Miller Peters										Father's Birthplace	Conowingo Md.
Mother's Maiden Name	Adeline Collens										Mother's Birthplace	Conowingo Md.
Name of person giving Information	Amos Brown										How related to deceased	Brother in Law

CAUSES OF DEATH

27

Primary	Exposure. Acute Tuberculosis		How long	3 months
Immediate	Paralysis Heart.		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	J. M. Rogan M.D.
			Address	Conowingo Md.
Accident or Suicide?				



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Elizabeth Racine

CERTIFICATE OF DEATH

Died at	Elk Neck	Town	cecil	County	MARYLAND		
Date of death	1904	Month April	19	Day	Years	Months	Days
Sex	Female	Color or Race	White	Birth-place	Elk Neck		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Harry D Racine						
Mother's Maiden Name	Carry Holmes						
Name of person giving information	Harry D Racine						

CAUSES OF DEATH

85

Primary

Hemorrhage (Hose)

How long

Java by spells

Immediate

Spasms

How long

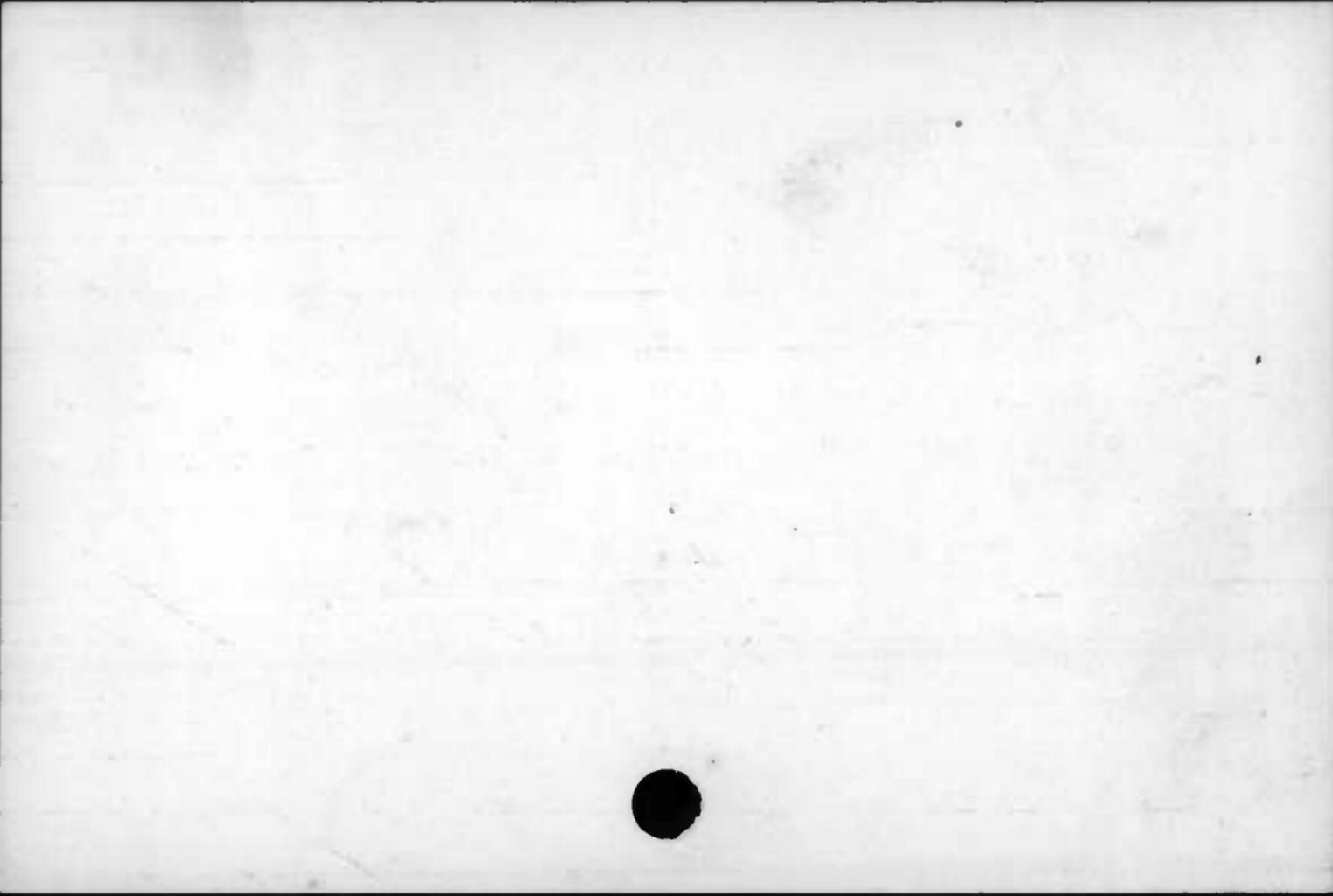
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

L F Hammock  
North East Md

Accident or Suicide?



Name  
in  
Full

Martha M White

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

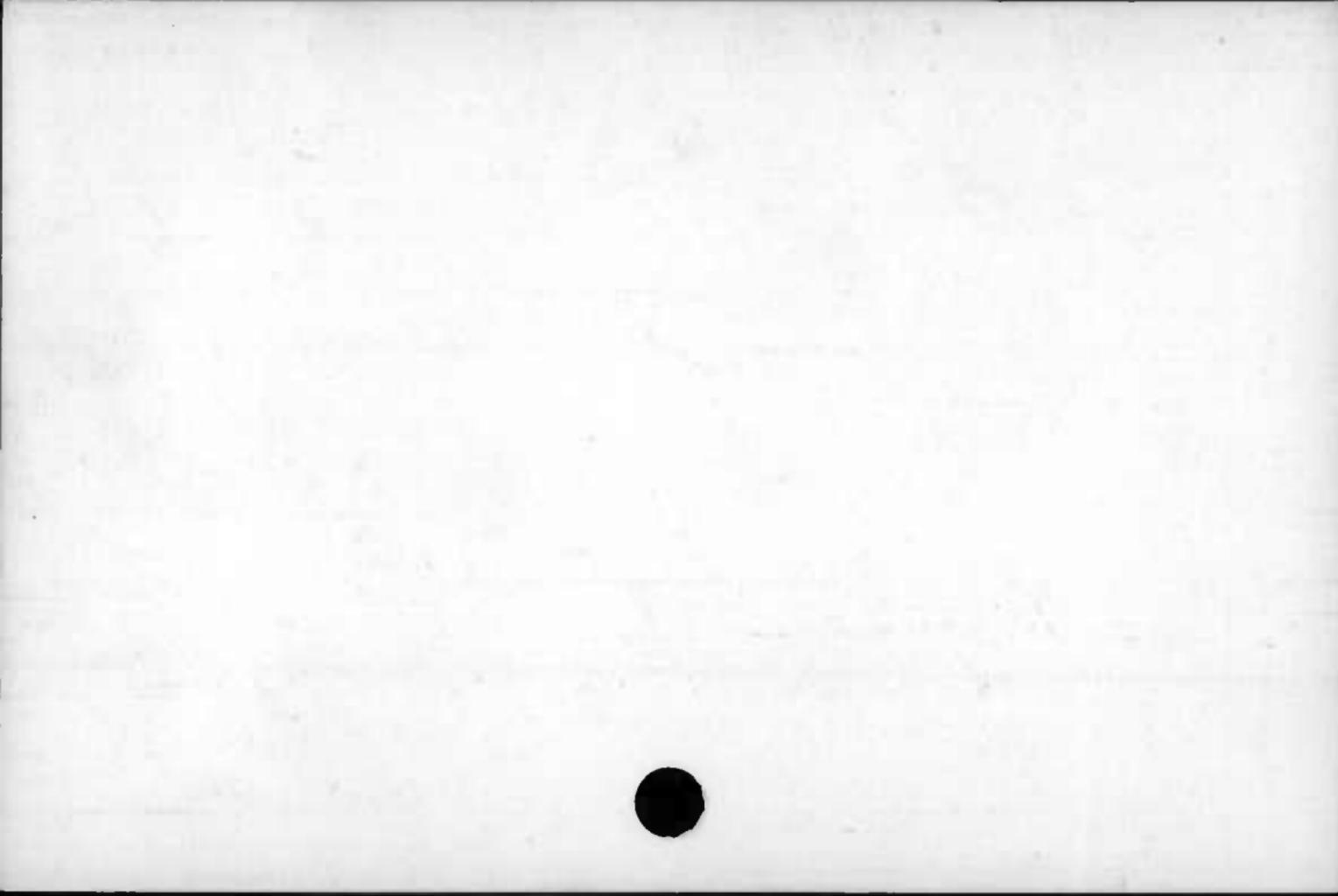
Died at	Town	County		MARYLAND	
Ecklin	-	Cecil			
Date of death	Month	Day	Years	Months	Days
1908	4	11	67	-	-
Sex	Female	Color or Race	White	Birth-place	Reed
Occupation	Housewife		Where Residing if not at place of death	-	
Married, Single or Widowed	Married	Name of Wife or Husband	Blinton D White	Father's Birthplace	Sped
Father's Name	George P Williams			Mother's Birthplace	Winnem
Mother's Maiden Name	Burkumore			How related to deceased	Husband
Name of person giving information	Blinton D White				

CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	Nephritis -		How long	2 or 3 years
Immediate	Exhaustion		How long	Indeterminable
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Howard Bronson	
		Address	Ecklin Md	
Accidental Suicide?				



Name  
in  
Full

Elisha L Yeamans

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	North East		County	MARYLAND		
Date of death	Month	Day	Age	Years	Months	Days	
Sex	Male	Color or Race	White	Birth-place	Charlestown		
Occupation	Carpenter			Where Residing if not at place of death			
Married, Single, or Widowed	Widow	Name of Wife or Husband	Rebecca Yeamans	Father's Birthplace	Charlestown		
Father's Name	John Yeamans			Mother's Birthplace	not known		
Mother's Maiden Name	Mary E Grant			Name of person giving Information	Daughter		
	Mary E Proctor			How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia

93

How long

Immediate

9 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Baltimore  
Md.

Accident or Suicide?

